

**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**  
 CYPRESS RIDGE BUILDING • 1867 CRANE RIDGE DRIVE, SUITE 200-B • JACKSON, MS 39216  
 (601) 987-3079  
 WWW.MSBML.MS.GOV

**FAX NOT ACCEPTABLE**

**APPENDIX B**

STATE LICENSURE BOARD CERTIFICATION

Name of State Licensure Board	
State Licensure Board Address	
City, State, Zip	

Name of Applicant	
Applicant Address	
City, State, Zip	

License #		Current Status	
Area of Specialty		Type of License	
Issue Date		Expiration Date	

Licensure Base		Endorsement		Reciprocity		State Board
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Has applicant's license ever been suspended, revoked or had restrictions imposed? (If yes, please attach documents.)
Is applicant currently under investigation for any reason? (If yes, please explain.)

Signature of Certifying Official			
Title		Signature Date	
Email address		Telephone No.	

**INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:**

Please fill in all applicable spaces and return to the Mississippi State Board of Medical Licensure at the above address or email a PDF format to certification@msbml.ms.gov. Do not send this certification back to the applicant as the Board will not consider the certification unless it is received directly from the institution. Board policy requires original documents from primary source. A fax is not acceptable.